



County of San Bernardino
Department of Public Health, Public Health Laboratory
150 East Holt Boulevard, Ontario, CA 91762
Phone: (909) 458-9430 Fax: (909) 986-3150

LABORATORY TEST REQUEST FORM

ALL INFORMATION IN TOP SECTION MUST BE COMPLETED FOR FPACT AND MEDI-CAL CLIENTS

LAB USE ONLY

Date
Received:

SUBMITTER		PATIENT		SPECIMEN	
ID#:	Last Name:	First Name: MI:		Date Collected:	
Name:	Birth Date:	M M D D Y Y		Time Collected:	
Address:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	City:		SPECIMEN SOURCE	
PHYSICIAN REQUESTING TEST	Zip:	PV Number		<input type="checkbox"/> 1-Blood <input type="checkbox"/> 2x-Plasma	
Last Name:	Patient ID #			<input type="checkbox"/> 3x-Serum <input type="checkbox"/> 5-Cervix	
First Name:				<input type="checkbox"/> 6-Urethra <input type="checkbox"/> 8-Rectal	
DIAGNOSIS CODE				<input type="checkbox"/> 7-Vaginal <input type="checkbox"/> 14-Stool	
FPACT "S" Code:				<input type="checkbox"/> 9-Throat <input type="checkbox"/> 16-Aerosol	
ICD 9-CM Code:				<input type="checkbox"/> 11-Nasopharynx <input type="checkbox"/> 15-Sputum	
				<input type="checkbox"/> 13-Urine <input type="checkbox"/> 17-Bronchial	
				<input type="checkbox"/> S-Sediment/TBNAAT <input type="checkbox"/> 2-CSF	
				<input type="checkbox"/> 18-Tissue <input type="checkbox"/> 16x-Semen	
				<input type="checkbox"/> 3-Other	
BILLING INFORMATION					
<input type="checkbox"/> FPACT Client <input type="checkbox"/> Presumptive Eligibility					
<input type="checkbox"/> Medi-Care Client <input type="checkbox"/> Medi-Cal Client					
<input type="checkbox"/> Program <input type="checkbox"/> Other-Specify:					
Enter Client FPACT, Presumptive Eligibility or Benefits Card ID # <input type="text"/>					
HIV SCREEN		FLOW CYTOMETRY		SYPHILIS	
<input type="checkbox"/> VH1-HIV-1 & 2 Ab/Ag Combo EIA		<input type="checkbox"/> CD1-CD4/CD8 with Ratio		<input type="checkbox"/> SS1-RPR	
<input type="checkbox"/> VH3-HIV-1/2 Multi-Spot				<input type="checkbox"/> SS2-TPPA	
HIV VIRAL LOAD		GENOTYPING		<input type="checkbox"/> SS3-Dark Field	
<input type="checkbox"/> MB1-HIV-1 VLT		<input type="checkbox"/> GT1-HIV-1 Genotyping		VIRAL IDENTIFICATION	
HEPATITIS		OTHER SEROLOGY		<input type="checkbox"/> VI1-Herpes simplex culture & typing	
<input type="checkbox"/> VL1-Hepatitis A IgG		<input type="checkbox"/> TQ Quantiferon		<input type="checkbox"/> VI3-Other Virus PCR	
<input type="checkbox"/> VL2-Hepatitis A IgM		<input type="checkbox"/> VS5-West Nile Virus		<input type="checkbox"/> VI4-Norovirus RT-PCR	
<input type="checkbox"/> VL3-Hepatitis B Surface Antibodies		ENTERICS		<input type="checkbox"/> VI5-Influenza Virus PCR	
<input type="checkbox"/> VL4-Hepatitis B Core Antibodies		<input type="checkbox"/> BE1-Salmonella/Shigella		RABIES	
<input type="checkbox"/> VL5-Hepatitis B Surface Antigen		<input type="checkbox"/> BE2-Campylobacter		<input type="checkbox"/> RV1-Rabies FA	
<input type="checkbox"/> VL6-Hepatitis C Antibody		<input type="checkbox"/> BE3-E.coli O157:H7		GONORRHEA CULTURE	
STD NAAT		<input type="checkbox"/> BE4 Other STEC		<input type="checkbox"/> GC1-Gonorrhea Culture	
<input type="checkbox"/> CG1-Chlamydia NAAT		<input type="checkbox"/> BE1-Enteric Isolate for ID		<input type="checkbox"/> GC2-GC Smear-Gram stain	
<input type="checkbox"/> CG2-Gonorrhea NAAT		PARASITOLOGY		<input type="checkbox"/> GC1-GC Isolate for ID	
<input type="checkbox"/> CG3-Chlamydia + Gonorrhea NAAT		<input type="checkbox"/> PA1-Ova & Parasites		BACTERIA CULTURE	
<input type="checkbox"/> CG4-HSV 1 & 2 NAAT		<input type="checkbox"/> PA2-Cryptosporidium/Giardia FA		<input type="checkbox"/> BC1-B strep Culture	
MYCOBACTERIOLOGY		<input type="checkbox"/> PA3-Cyclospora/Microsporidia		<input type="checkbox"/> BC2-Urine Culture	
<input type="checkbox"/> TB1-Mycobacteria Cult & Ident		<input type="checkbox"/> PA4-Malaria/Blood or Tissue Parasites		<input type="checkbox"/> BC3-Misc. Culture	
<input type="checkbox"/> TB3-MTB Suscept Broth Method		<input type="checkbox"/> PA1-Parasite for ID		<input type="checkbox"/> BCI-Bacteria Isolate for ID	
<input type="checkbox"/> TB5-MGIT		OTHER TESTS		CLINICAL TESTS	
<input type="checkbox"/> TBGX-TB GeneXpert		<input type="checkbox"/> OT-Specify other tests in space below		<input type="checkbox"/> CT7-Post-Vasectomy Sperm Count	
<input type="checkbox"/> T17-Title 17 Isolate				<input type="checkbox"/> CT9-Occult Blood	
<input type="checkbox"/> TBI-Mycobacteria Isolate for ID					
MYCOLOGY		Submitter's Remarks			
<input type="checkbox"/> FC1-Fungus Culture					
<input type="checkbox"/> FC3-Pneumocystis FA					
<input type="checkbox"/> FCI-Fungus Isolate for ID					
Linda Ward, Laboratory Director E-mail: lward@dph.sbcounty.gov					

TESTING ALGORITHMS

HIV-1/2 Serology

Unless specified otherwise in the request form, specimens testing initially reactive by HIV-1 & 2 Antibody/Antigen Combo EIA shall be retested in duplicate. Repeatedly reactive specimens will be confirmed by Multi Spot test. Specimens with discordant results may be tested by qualitative HIV PCR.

Syphilis Serology

Unless specified otherwise in the request form, specimens testing reactive by RPR shall be tested by Quantitative RPR and confirmed by TP-PA.

Hepatitis B Serology

Unless specified otherwise in the request form, specimens testing positive for Hepatitis B Surface Antigen will be confirmed with the Hepatitis B Surface Antigen Neutralization test.

Hepatitis A Serology

Unless specified otherwise in the request form, specimens testing positive for Total Hepatitis A Antibody shall be tested for Hepatitis A IgM.

Mycobacteria Culture

Unless specified otherwise in the request form, respiratory specimens from new patients found smear positive for Acid Fast Bacilli shall be tested by the GeneXpert direct amplification test for *Mycobacterium tuberculosis*. Those specimens testing positive by GeneXpert shall have a direct drug susceptibility test performed.

***Mycobacterium tuberculosis* Drug Susceptibility**

Unless specified otherwise in the request form, *Mycobacterium tuberculosis* culture isolates from new patients shall be tested for drug susceptibility by the broth method.

***Influenza Virus* PCR**

Unless specified otherwise in the request form, respiratory specimens testing positive for Influenza A will be further subtyped.

NOTE: Submitters who do not wish to confirm reactive tests as per testing algorithms must enter “**DO NOT CONFIRM**” in the Submitter’s Remarks section. Additional charges may accrue for confirmatory or supplemental testing.